Childhood Blood Lead Testing and Follow-Up Guidelines
For children six (6) months through seventy two (72) months of age

A blend of recommendations made by the Centers for Disease Control and Prevention and the American Academy of Pediatrics and agreed to by the Missouri Department of Health and Senior Services and the Division of Medical Services

Universal Testing (High Risk Areas)

A. Annual blood lead test for all children less than six years of age.
B. If a child has no documented blood test, a blood test should be performed immediately.

Targeted Testing (Non High-Risk Areas)

A. Regardless of risk area, Medicaid children require a blood lead test at 12 & 24 months of age.
B. If a Medicaid child has no documented test anytime before 72 months of age, a blood test should be performed immediately.
C. Any child spending more than ten (10) hours a week in areas identified as high-risk for lead poisoning shall be blood lead tested annually.
D. All other children shall be assessed by the patient lead questionnaire found in the Missouri Department of Health and Senior Services "Lead Manual" and blood lead tested accordingly.

INITIAL Childhood Blood Lead Tests May Be Performed By Capillary Or Venous Method

If the initial test is obtained by:

A. Capillary fingerstick, and the result is 10 µg/dL or greater, it MUST be confirmed by venous blood within the time frames indicated below.

B. Venous blood draw, proceed with appropriate retest intervals and follow-up.

INITIAL Blood Test Results	Confirm Using Venous Blood Within:	Venous Retest Intervals	Follow-Up
<10 µg/dl	N/A	Reassess or re-test within 1 year	No action required unless exposure sources change.
10-19 µg/dl	2 Months	2-3 month intervals Note: If 2 venous tests, taken at least 3 months apart, both result in elevations of 15 µg/dl or greater, proceed with retest intervals and follow-up for BLLs of 20-44.	1. Provide family lead education. 2. Provide follow-up testing. 3. Refer for social services, if necessary. Note: If 2 venous tests, taken at least 3 months apart, both result in elevations of 15µg/dl or greater, proceed with retest intervals and follow-up for BLLs of 20-44.
20-44 µg/dl	2 Weeks*	1-2 month intervals until the following 3 conditions are met: 1. BLL remains less than 15µg/dl for at least 6 months. 2. Lead hazards have been removed 3. There are no new exposures. When the above conditions have been met, proceed with retest intervals and follow-up for BLLs 10-19.	Same as 1-3 above, plus: 4. Assure coordination of care (case management) either through the HMO, Provider or Local Public Health Agency. 5. Provider assures medical management. 6. Call Local Public Health Agency to provide environmental risk assessment and to assure lead-hazard control.
45-69 µg/dl	2 Days*		Same as 1-6 above, plus: 7. Within 48 hours, begin coordination of care (case management), medical management, environmental risk assessment, and lead hazard control. 8. A child with a confirmed BLL>44 µg/dl should be treated promptly with appropriate chelating agents and not returned to an environment where lead hazard exposure may continue until it is controlled.
70+ µg/dl	IMMEDIATELY		9. Hospitalize child and begin medical treatment immediately. Begin coordination of care (case management), medical management, environmental risk assessment, and lead hazard control immediately. 10. BLLs >69 µg/dl should have an urgent repeat venous test, but chelation therapy should begin immediately (not delayed until test results are available).

*The higher the testing level, the more urgent the need for a confirmatory test. Jan 2004

*BLL means Blood Lead Level